BARRON RIVERSIDE MANOR

660	T.	BIRCH	7/1/17	
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BARRON 54812 Phone: (715) 537-564	3	Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation	: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/04):	50	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	50	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	46	Average Daily Census:	38

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %						
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	54.3	
Supp. Home Care-Personal Care	No					1 - 4 Years	26.1	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	19.6	
Day Services	No	Mental Illness (Org./Psy)	21.7	65 - 74	10.9			
Respite Care	No	Mental Illness (Other)	2.2	75 - 84	30.4		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	2.2	85 - 94	43.5	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.2	Full-Time Equivalent		
Congregate Meals No		Cancer	6.5			-   Nursing Staff per 100 Reside		
Home Delivered Meals No Fi		Fractures	10.9		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	34.8	65 & Over	100.0			
Transportation	No	Cerebrovascular	6.5			RNs	11.6	
Referral Service	No	Diabetes	4.3	Gender %		LPNs	6.5	
Other Services	No	Respiratory	4.3			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	6.5	Male	32.6	Aides, & Orderlies	40.2	
Mentally Ill	No			Female	67.4			
Provide Day Programming for			100.0					
Developmentally Disabled	No				100.0			

## Method of Reimbursement

		edicare			edicaid itle 19			Other		:	Private Pay	:		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	284	25	89.3	123	0	0.0	0	13	100.0	132	0	0.0	0	0	0.0	0	43	93.5
Intermediate				2	7.1	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	4.3
Limited Care				1	3.6	87	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.2
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		28	100.0		0	0.0		13	100.0		0	0.0		0	0.0		46	100.0

BARRON RIVERSIDE MANOR

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, and	d Activities as of 12/	31/04
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	3.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	6.5	Bathing	0.0		60.9	39.1	46
Other Nursing Homes	0.0	Dressing	23.9		37.0	39.1	46
Acute Care Hospitals	83.9	Transferring	34.8		26.1	39.1	46
Psych. HospMR/DD Facilities	0.0	Toilet Use	34.8		26.1	39.1	46
Rehabilitation Hospitals	0.0	Eating	60.9		4.3	34.8	46
Other Locations	6.5	******	******	*****	* * * * * * * * * * * * * * * * * * *	*******	*****
Total Number of Admissions	62	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	15.2	Receiving Resp	iratory Care	26.1
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	50.0	Receiving Track	neostomy Care	2.2
Private Home/With Home Health	45.1	Occ/Freq. Incontiner	nt of Bowel	41.3	Receiving Suct	ioning	0.0
Other Nursing Homes	5.9				Receiving Ostor	my Care	0.0
Acute Care Hospitals	7.8	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	8.7	Receiving Mech	anically Altered Diets	17.4
Rehabilitation Hospitals	0.0				_	-	
Other Locations	7.8	Skin Care			Other Resident Cl	naracteristics	
Deaths	33.3	With Pressure Sores		2.2	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		4.3	Medications		
(Including Deaths)	51				Receiving Psyc	noactive Drugs	50.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************	*****	*****	******	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	50	-99	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	8	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	76.0	84.2	0.90	88.5	0.86	87.7	0.87	88.8	0.86
Current Residents from In-County	93.5	76.9	1.22	72.5	1.29	70.1	1.33	77.4	1.21
Admissions from In-County, Still Residing	38.7	19.0	2.03	19.6	1.97	21.3	1.81	19.4	1.99
Admissions/Average Daily Census	163.2	161.6	1.01	144.1	1.13	116.7	1.40	146.5	1.11
Discharges/Average Daily Census	134.2	161.5	0.83	142.5	0.94	117.9	1.14	148.0	0.91
Discharges To Private Residence/Average Daily Census	60.5	70.9	0.85	59.0	1.03	49.0	1.24	66.9	0.90
Residents Receiving Skilled Care	93.5	95.5	0.98	95.0	0.98	93.5	1.00	89.9	1.04
Residents Aged 65 and Older	100	93.5	1.07	94.5	1.06	92.7	1.08	87.9	1.14
Title 19 (Medicaid) Funded Residents	60.9	65.3	0.93	66.3	0.92	68.9	0.88	66.1	0.92
Private Pay Funded Residents	28.3	18.2	1.55	20.8	1.36	19.5	1.45	20.6	1.37
Developmentally Disabled Residents	0.0	0.5	0.00	0.4	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	23.9	28.5	0.84	32.3	0.74	36.0	0.66	33.6	0.71
General Medical Service Residents	6.5	28.9	0.23	25.9	0.25	25.3	0.26	21.1	0.31
Impaired ADL (Mean)	53.9	48.8	1.10	49.7	1.09	48.1	1.12	49.4	1.09
Psychological Problems	50.0	59.8	0.84	60.4	0.83	61.7	0.81	57.7	0.87
Nursing Care Required (Mean)	6.5	6.5	1.01	6.5	1.01	7.2	0.90	7.4	0.88